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APPLICANTS

David P. Greene, Ossining, NY;
 Edith H. Stern, Yorktown Heights, NY;
 Barry E. Willner, Briarcliff Manor, NY; Philip Shi-Lung Yu, Chappaqua, NY;

** CONTINUING DATA *****
none ASC

** FOREIGN APPLICATIONS *****
none ASC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/25/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Examiner's Signature</i> <i>ASC</i> Initials	STATE OR COUNTRY NY	SHEETS DRAWING 11	TOTAL CLAIMS <i>16 10</i>	INDEPENDENT CLAIMS <i>3 4</i>
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ADDRESS
 48175
 BMT/IBM
 FIVE ELM STREET
 NEW CANAAN , CT
 06840

TITLE
 Healthcare personal area identification network method and system

FILING FEE RECEIVED 1744	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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